

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MICHAEL WARNER

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

COMPLAINT

(Prisoner)

Do you want a jury trial?

☐ Yes ☒ No

-against-

STATE OF NEW YORK
County of ORANGE
ORANGE County Jail

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

25 CV 5085

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

MICHAEL W WARNER
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

2025-00918

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

ORANGE County Jail

Current Place of Detention

110 WELLS FARM RD GOSHEN

Institutional Address

GOSHEN N.Y. 10924
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☒ Other: AWAITING Sentencing

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

JOE BROWN
 First Name Last Name Shield #
ORANGE County Judge
 Current Job Title (or other identifying information)

 Current Work Address
GOSHEN N.Y. 10924
 County, City State Zip Code

Defendant 2:

ORANGE County
 First Name Last Name Shield #
County of ORANGE
 Current Job Title (or other identifying information)
N/A
 Current Work Address
ORANGE N.Y. 10924
 County, City State Zip Code

Defendant 3:

NEW YORK STATE
 First Name Last Name Shield #
STATE OF NEW YORK
 Current Job Title (or other identifying information)
N/A
 Current Work Address

 County, City State Zip Code

Defendant 4:

ORANGE County Jail
 First Name Last Name Shield #
Correctional Facility
 Current Job Title (or other identifying information)
110 WELLS STAM RD
 Current Work Address
GOSHEN N.Y. 10924
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: ORANGE County Courthouse

Date(s) of occurrence: JUNE, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I WAS INCARCERATED FROM 1994-2004 10 YEARS MY NEXT FELONY CONVICTION WAS NOT UNTIL 2019, 15 YEARS LATER MAKING MYSELF "CONSIDERED" AS WELL AS ELIGIBLE FOR SENTENCING AS A 1ST TIME FELON UNDER THE 10 YEAR STATUTE, WHEREAS I WAS SENTENCED IN ORANGE COUNTY COURT, BY JUDGE BROWN IN 2020 TO A TERM OF 2 TO 4 YEARS IN STATE PRISON, SERVING THE WHOLE 4 YEAR TERM RELEASED IN (2023) JUDGE AND STATE OF NEW YORK FAILED IN ACKNOWLEDGEMENT BY SENTENCING ME TO A PRISON TERM INSTEAD AN ALTERNATIVE TO INCARCERATION, "ACTING UNDER THE COLOR OF STATE LAW"!

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

N/A

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I ask for relief in money damages in the amounts of \$117,800 for each incarcerated day while in prison, \$400,000 emotional distress, \$48,000 pain & suffering, \$200,000 hardship, \$40,000 unlawful Detainment, \$28,000 loss of family sister and brother died and was unable to attend funerals totalling \$833,000

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

6/8/25
 Dated
Michael Warner
 First Name Middle Initial Last Name
110 Wells Farm Road
 Prison Address
Orange Goshen N.Y. 10924
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

6/8/2025

MICHAEL WARNER

ORANGE COUNTY
110 WELLS FARM RD.
GOSHEN, NEW YORK 10924

JUN 16 2025

PRO SEC OFFICE

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SDNY

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ZIP 10924 \$ 000.970
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US POSTAGE



PITNEY BOWES

Patrick Mourougue
United State Courthouse
500 Pearl Street
New York, N.Y. 10007

LEGAL MAIL

10007-131659

